



NON-PROVISIONAL
UTILITY PATENT APPLICATION
TRANSMITTAL - 37 CFR 1.53(b)

☐ Duplicate
(check, if applicable)



MAIL STOP PATENT APPLICATION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No.: 6527-17US (111371)
First Named Inventor: Jürgen FORTIN et al.
Express Mail Label No.: EV199927657US
Total Pages of Transmittal Form: 2

Transmitted herewith for filing is the non-provisional utility patent application entitled:

MEDICAL STRIP ELECTRODE

which is:

an ☐ Original; or

a ☒ Continuation, ☐ Divisional, or ☐ Continuation-in-part (CIP)
of prior International Patent Application No. PCT/AT02/00081 filed March 21, 2002.
Anticipated Group/Art Unit: or Class, Subclass.

☐ This non-provisional patent application is based on Provisional Patent Application No. ,
filed .

Enclosed are:

- ☒ Specification (including Abstract) and claims: 12 pages.
- ☒ 3 sheets of drawings (formal).
- ☐ Application Data Sheet.
- ☒ Newly unexecuted Declaration (copy).
- ☐ Copy of Declaration from prior application.
- ☐ Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable).
- ☐ Microfiche computer program (Appendix).
- ☐ Nucleotide and/or Amino Acid Sequence Submission, including:
- ☐ Computer readable copy ☐ Paper Copy ☐ Verified Statement.
- ☐ Under PTO-1595 Cover Sheet, an assignment of the invention
- ☒ Name of Assignee: **CNSYSTEMS MEDIZINTECHNIK GMBH and
NESSLER MEDIZINTECHNIK GMBH**
- ☐ Certified copy(ies) of Application No(s). filed is/are filed:
☐ herewith or ☐ in prior application .
- ☒ Applicant(s), by its/their undersigned attorney, claim(s) Small Entity Status under
37 C.F.R. §1.27 as ☐ an Independent Inventor, or ☒ a Small Business Concern,
or ☐ a Non-Profit Organization.
- ☐ Preliminary Amendment.
- ☒ Information Disclosure Statement, PTO/SB/08A, and cited references.
- ☐ Request for Nonpublication of Application Under 35 U.S.C. §122(b)
- ☐ Other:

The filing fee is calculated as follows:

			SMALL ENTITY			LARGE ENTITY	
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE:			BASIC FEE:	
			\$375			\$750	
Total	16-20 =	0	X9	\$	OR	X18	\$
Independent	1- 3 =	0	X42	\$	OR	X84	\$
<input type="checkbox"/> Multiple Dependent Claims Present			\$140	\$	OR	\$280	\$
			TOTAL	\$ 375.00	OR	TOTAL	\$

- ☐ The Commissioner is not authorized to charge the filing fee at this time as we elect to defer payment of the entire filing fee until receipt of a Notice to File Missing Parts
- ☒ A check in the amount of **\$375.00** to cover the filing is enclosed.
- ☒ The Commissioner is hereby authorized to charge and/or credit **Deposit Account No. 50-1017 (Billing No. 206527.0017)** as noted below. A duplicate copy of this sheet is enclosed.
- ☒ Any overpayments or deficiencies in the above-calculated fee.
- ☐ Filing fee in the amount of \$_____ as calculated above.
- ☒ Any additional fees required under 37 C.F.R. § 1.16 and § 1.17.
- ☒ In the event that a Petition for Extension of Time is required during the prosecution of this application, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

CORRESPONDENCE ADDRESS

September 11, 2003
(Date)

By:

William W. Schwarze

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WWS:srm
Enclosures